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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32412 (1)

1. Corporation Name
LAKE AREA MINISTRIES, INC.

Principal Place of Business 330 SE PALMETTO STREET KEYSTONE HEIGHTS FL 32656 US	Mailing Address P.O. BOX 1385 KEYSTONE HEIGHTS FL 32656-1385 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1989	3a. Date of Last Report 02/14/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2972913	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARNER, FATHER D 6744 MT. VERNON DRIVE MELROSE FL 32666		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Vera Tucker, Vera Tucker-Director DATE 2-5-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	RATZ, PHYLLIS W	1.2 NAME	TUCKER, VERA
STREET ADDRESS	125 SERENA CIRCLE	1.3 STREET ADDRESS	21301 N.E. 35th Pl.
CITY-ST-ZIP	MELROSE FL	1.4 CITY-ST-ZIP	Hawthorne, FL 32640
TITLE	P	2.1 TITLE	
NAME	FRIEDLIN, BUDDY	2.2 NAME	
STREET ADDRESS	P O BOX 722 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PREVOST, MARGARET G	3.2 NAME	
STREET ADDRESS	745 SEMINOLE RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	POPELL, PATRICIA G.
NAME	FINLEY, MARYLYN	4.2 NAME	
STREET ADDRESS	7904 BREEZY POINT ROAD	4.3 STREET ADDRESS	8141 FOREST HILLS ROAD
CITY-ST-ZIP	MELROSE FL	4.4 CITY-ST-ZIP	LAKE GENEVA, FLA. 32160
TITLE	V	5.1 TITLE	P
NAME	SCRUGGS, MELANA	5.2 NAME	Peoples, Rev. James M.
STREET ADDRESS	680 S.W. POINT VIEW RD.	5.3 STREET ADDRESS	6606 BROOKLYN BAY ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	5.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D	6.1 TITLE	
NAME	WARNER, DALE A	6.2 NAME	
STREET ADDRESS	6744 MT. VERNON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)